

Feb-10-2006 2:48pm

From: RUDEN MCCLOSKEY 17 FL 35

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MED RX, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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06 FEB 10 PM 3:58

DIVISION OF CORPORATION

TALLAHASSEE FLORIDA

06 FEB 10 AM 8:54

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**ARTICLES OF ORGANIZATION
OF
MED RX, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is MED RX, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 1635 Shellpoint Road, Crawfordville, Florida 32327.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Tom Johns at 1635 Shellpoint Road, Crawfordville, Florida 32327.

The undersigned has executed these Articles of Organization on the 10th day of February, 2006.

By: 

Tom Johns, Authorized Representative

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

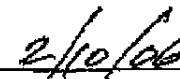
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MED RX, LLC.
2. The name and address of the registered agent and office is:

Tom Johns
1635 Shellpoint Road
Crawfordville, Florida 32327

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Tom Johns, Registered Agent


Date